

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                              |   |   |
|------------------------------|---|---|
| In re Patent Application of  | ) | <b>MAIL STOP AMENDMENT</b>                            |
| Joseph Witztum, Ph.D.        | ) |   |
| Application No.: 10/705,448  | ) | Group Art Unit: 1641                                  |
| Filed: November 11, 2003     | ) | Examiner: COOK, Lisa V.                               |
| For: REAGENTS FOR DIAGNOSING | ) | Confirmation No.: 4879                                |
| IMAGING AND TREATING         | ) |   |
| ATHEROSCLEROTIC DISEASE      | ) | Certificate of Electronic Deposit                     |
|                              | ) | I hereby certify that this correspondence is being    |
|                              | ) | deposited with the United States Patent & Trademark   |
|                              | ) | Office on December 18, 2008 via EFS-Web.              |
|                              | ) | By: <u>                    /Joseph R. Baker, Jr./</u> |
|                              | ) | Joseph R. Baker, Jr.                                  |
|                              | ) |   |

**AMENDMENT/REPLY TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is a Response for the above-identified patent application.

- ☐ A Petition for Extension of Time is enclosed.
- ☐ \_\_\_\_\_ Terminal Disclaimer(s) and the ☐ \$ 65 ☐ \$ 130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.
- ☐ Also enclosed is/are:
- ☒ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$ 405 ☐ \$ 810 fee due under 37 C.F.R. § 1.17(e).

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS   |               |   |              |                 |                |
|--|---------------|---|--------------|-----------------|----------------|
|  | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate            | Additional Fee |
| Total Claims   | 19            | 20  | 0            | x \$ 50 (1202)  | \$ 0           |
| Independent Claims   | 1             | 3   | 0            | x \$ 210 (1201) | 0              |
| <input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 370 (1203)          |               |   |              |                 | \$ 0           |
| <b>Total Claim Amendment Fee</b>   |               |   |              |                 | <b>\$ 0</b>    |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee |               |   |              |                 | 0              |
| <b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>   |               |   |              |                 | <b>\$ 0</b>    |

- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-4586 for the fees due.
- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the fee due.
- ☐ Charge \_\_\_\_\_ to credit card for the fee due.

Respectfully submitted,

GAVRILOVICH, DODD & LINDSEY LLP

Date December 18, 2008

By: /Joseph R. Baker, Jr./  
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